

DIRECT DEPOSIT AUTHORIZATION AGREEMENT
FOR
PAYROLL SOLUTIONS

COMPANY: _____

EMPLOYEE NAME: _____

EMPLOYEE NO: _____

I hereby authorize **Payroll Solutions** hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereafter called DEPOSITORY, to credit and debit the same entries to such account.

DEPOSITORY (BANK) NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BANK TRANSIT NO: _____ **ACCOUNT NO:** _____

INDICATE ACCOUNT TYPE: CHECKING? _____ **SAVINGS?** _____

AMOUNT OR PERCENT TO BE DEPOSITED(100% of net pay or flat amount)_____

This authority is to remain in full force and remain in effect until COMPANY has received written notification from me on its termination in such time and in such manner as to afford COMPANY a reasonable time to act on it.

EMPLOYEE NAME: _____ **SSN:** _____

SIGNATURE: _____ **DATE:** _____

Note: **REQUIRED INFORMATION** - Please attach a voided blank check or savings account deposit slip to validate account information. (A check has more accurate data and is required.) If no check or deposit slip is available, please request direct deposit documentation from your bank that includes the routing number and bank account number needed for direct deposits.

Special Note: It is agreed upon signing this form, I understand that **Payroll Solutions** is not responsible for the consequences of any late or lost deposits beyond their control.